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							Application or Dock				ber
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999							(39	6241753		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	OTHER THAN OR SMALL ENTITY		
FO	R	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE] [RATE	FEE
BAS	SIC FEE	6. 蒙	位者的					345.00	OR		690.00
то	TAL CLAIMS	1	minus 2	minus 20= *			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS /	/ minus 3 = *				X39= OR X78=		X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		1 1	+260=	
* If 1	* If the difference in column 1 is less than zero, enter "0" in column 2								OR OR	TOTAL	691)
			AMENDED		11)-1815		TOTAL	<u> </u>	Jon	OTHER	THAN
		(Column 1)		(Column 2)	(Column 3)	ر ا	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	$ \cdot $	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		100.2	FEE			FEE
	Total	· 6	Minus	"d0	= 0		X\$ 9=		OR	X\$18€	
	Independent	• '/	Minus	··· <u>3</u>	= ()		X39=		OR	X78=	
_	FIRST PRESE	NTATION OF N	MULTIPLE DEP	ENDENT CLAIM	1		+130=		OR	+260=	
	Λ	•			Walde	ا 	TOTAL	1	 	TOTAL	
((Column 1)		(Column 2)	(Column 3)	2	ADDIT. FEE]	ADDIT. FEE	
DMENT B		CLAIMS REMAINING		HIĞHEST NUMBER	PRESENT		λ	ADDI-]	5475	ADDI-
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		PATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 33	Minus		-/3		X\$ 9=		OR	X\$18=	234
AMEND	Independent	. 6	Minus	3	= 3		X39=	1	OR	X78=	234
/	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					}	+130=		1	+260=	
	\wedge) . 1		TOTAL	+	OR	TOTAL	11/0
				in W	alden		ADDIT. FE	<u> </u>	OR	ADDIT. FEE	760
		(Column 1) CLAIMS		(Column 2)	6-(Bolump-3)	ነ ፣		ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		PATE	TIONAL		RATE	TIONAL
	Total	AMENDMENT	Minus	PAID FOR	= 22	1	X\$ 9=	FEE	1	X\$18=	7EE 20/
	Independent	. 11	Minus	6	=2	1		\ -	OR	·	10
\{\}	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT CLAII		1	X39=	1	OR	X78=	156
							+130=	\	OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE ** TOTAL ADDIT. FEE											
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN	
FC	PR	NUMB	ER FILED	NUMBER EXTRA		RATE	FEE] [RATE	FEE
ВА	SIC FEE						380.00	OR	./	760.00
то	TAL CLAIMS		9 6 minus 20= * 76			X\$ 9=		OR	X\$18=	1368
IND	EPENDENT CL	AIMS	// minus 3 = ★ 🎖			X39=	F	OR	X78=	524
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	/
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	28 89
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY OF			OTHER THAN		
AMENDMENT A	A A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
-	FIRST PRESE	NIAHON OF M	ULTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
	. · . () - () - (TOTAL ADDIT. FEE			TOTAL ADDIT, FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	*** ENDENT CLAIM	=	X39=		OR	X78=	
	I INOI PRESE	INTALION OF M	IOLITE DEP	LINDENT CLAIM	<u> </u>	+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	· · · · · · · · · · · · · · · · · · ·	(Column 1)	The second secon	(Column 2)	(Column 3)			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	tr 7	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		•	X78=	
1	FIRST PRESE	NTATION OF M	IULTIPLE DEP	ENDENT CLAIM				OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Numb r Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										